

**APPLICATION FOR LICENSE OR RENEWAL OF LICENSE:
REFEREE, JUDGE, TIMEKEEPER**

State Form 45728 (R3 / 2-03)

Approved by State Board of Accounts, 2003

State Boxing Commission
Indiana Professional Licensing Agency
302 W. Washington St. Rm. E034
Indianapolis, Indiana 46204-2700

ATTACH
TWO (2) PHOTOS

License number

Date issued

Date expires

Previous license

APPLICATION FOR LICENSE**Fee shall accompany application**☐

Original license

☐

Renewal license

☐

Referee.....Fee \$50.00

☐

Judge.....Fee \$10.00

☐

Timekeeper.....Fee \$10.00

**REFEREE APPLICATIONS MUST BE ACCOMPANIED BY CERTIFIED PHYSICAL
EXAMINATION BY APPROVED PHYSICIAN**

25-9-1-10 Persons not entitled to licenses and permits. No permit or license may be issued to any person who has not complied with this chapter or who, prior to the applications, has failed to obey a rule, regulation or order of the state boxing commission. In the case of a club, corporation, or association, no license or permit may be issued to it if, prior to its application, any of its officers have violated this chapter or any rule, regulation or order of the state boxing commission. No promoters, physicians, referees, judges, timekeepers, matchmakers, or professional boxers, their managers, trainers or seconds may be licensed if they are holders of a federal gambling stamp. A license or permit when issued shall recite that the person to whom it is granted has complied with this chapter, and a license or permit is not transferable.

Name of applicant (*first, middle, last*)Address (*number and street, city, state, ZIP code*)

Residence telephone number

Office telephone number

Date of birth

Social Security number *

* Social Security number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.

Occupation

Employed by

Address (*number and street, city, state, ZIP code*)**IDENTIFICATION SHALL BE VERIFIED BY ONE (1) OF THE FOLLOWING:**☐

Birth certificate

☐

Driver's license

☐

Passport

☐

Baptismal certificate

☐

School record

State your experience and qualifications:

(Continued on reverse side)

List clubs or associations that you officiated:

| NAME OF CLUBS OR ASSOCIATIONS | ADDRESS OF CLUBS OR ASSOCIATIONS | REFERENCE |
|-------------------------------|----------------------------------|-----------|
| | | |
| | | |
| | | |

List three (3) references other than those stated previously:

| NAME | ADDRESS |
|------|---------|
| | |
| | |
| | |

I hereby certify that I have knowledge of the laws, rules and regulations regarding boxing or sparring matches or exhibitions in Indiana and will faithfully abide by them; that I personally completed this application, and that the answers are true and correct to the best of my knowledge and belief; and have not disobeyed any rule, regulation or order of the State Boxing Commission or have not been guilty of any violation of the provisions of IC 25-9-1.

Dated this _____ day of _____, 20____.

STATE OF _____ }
COUNTY OF _____ } SS:

Subscribed and sworn to before me, a Notary public in and for said county and state, this _____ day of _____, 20_____.

| | | |
|--|--|-------------------------|
| Signature of applicant | Signature of Notary Public | |
| Printed or typed name of applicant | Printed or typed name of Notary Public | |
| Date subscribed and sworn to Notary Public | County of residence | Date commission expires |

COMMISSION APPROVAL

[illegible]